Revision:		HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938~			
		STATE PLAN UND	ER TITLE XIX OF THE SO	OCIAL SECURITY ACT			
		State/Territory:	RHODE ISLAND)			
		Optional Qualified	Sliding Scale Premium d Disabled and Working	s Imposed on g Individuals			
Α.	ne monthly premium imposed on covered under section						
NOT APPLICABLE. None imposed.							
	for pr	emium payment, n	illing method used is otification of the co or requesting waiver	as follows (include due date nsequences of nonpayment, and of premium payment):			
*Description provided on attachment.							
	rsede		Date	Effective Date 7/1/92			
TN I	ю	NEW		HCFA ID: 7986E			

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	STATE PLAN UNDER	R TITLE XIX OF THE	SOCIAL SECURITY AC	r
	State/Territory:	RHODE ISL	AND	
G Chata	an land finds und			
	or local funds und		are used to pay for	premiums:
<u> </u>	Yes	<u>/</u> / No		*
a pres	riteria used for de mium because it wou ibed below:	termining whether ld cause an undue	the agency will wai hardship on an indi	ive payment of ividual are
*Descript	ion provided on att	achment.		
TN No Supersede		Effective Date	7/1/92	
TN NoN			HCFA ID: 7986E	